

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
STATE DIRECTOR JOHN H. MAGILL

SANTEE-WATEREE MENTAL HEALTH CENTER
EXECUTIVE DIRECTOR RICHARD B. GUESS

Spring 2012

DMH
OPERATES A
NETWORK OF
SEVENTEEN
COMMUNITY
MENTAL HEALTH
CENTERS,
42 CLINICS,
FOUR
HOSPITALS,
THREE
VETERANS'
NURSING
HOMES, AND
ONE
COMMUNITY
NURSING HOME.

DMH HOSPITALS AND NURSING HOMES

Columbia, SC

G. Werber Bryan Psychiatric
Hospital

William S. Hall Psychiatric
Institute (Child & Adolescents)

Morris Village Alcohol & Drug
Addiction Treatment Center

C.M. Tucker, Jr. Nursing Care
Center - Stone Pavilion
(Veterans Nursing Home)

C.M. Tucker, Jr. Nursing Care
Center - Roddey Pavilion

Anderson, SC

Patrick B. Harris Psychiatric
Hospital

Richard M. Campbell
Veterans Nursing Home

Walterboro, SC

Veterans Victory House
(Veterans Nursing Home)

DMH HISTORY AND DEMOGRAPHICS

South Carolina has a long history of caring for those suffering from mental illness. In 1694, the Lords Proprietors of South Carolina established that the destitute mentally ill should be cared for by local governments. The concept of "Outdoor Relief," based upon Elizabethan Poor Laws, affirmed that the poor, sick and/or disabled should be taken in or boarded at public expense. In 1762, the Fellowship Society of Charleston established an infirmary for the mentally ill. But it was not until the 1800's that the mental health movement received legislative attention at the state level.

Championing the mentally ill, South Carolina Legislators Colonel Samuel Farrow and Major William Crafts worked zealously to sensitize their fellow lawmakers to the needs of the mentally ill, and on December 20, 1821, the South Carolina State Legislature passed a statute-at-large approving \$30,000 to build the South Carolina Lunatic Asylum and a school for the 'deaf and dumb'. This legislation made South Carolina the second state in the nation (after Virginia) to provide funds for the care and treatment of people with mental illnesses.

The Mills Building, designed by renowned architect Robert Mills, was completed and operational in 1828 as the South Carolina Lunatic Asylum. The facilities

grew through the decades to meet demand, until inpatient occupancy peaked in the 1960's at well over 6,000 patients on any given day. From 1828 through 2011, South Carolina state-run hospitals and nursing homes treated over 947,000 patients and provided over 148,500,000 bed days.

In the 1920's, treatment of the mentally ill began to include outpatient care as well as institutional care. The first outpatient center in South Carolina was established in Columbia in 1923.

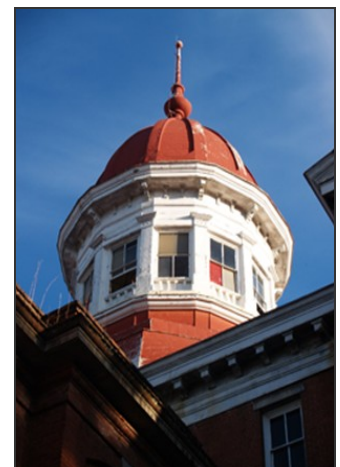
The 1950's saw the discovery of phenothiazines, "miracle drugs" that controlled many severe symptoms of mental illness, making it possible to "unlock" wards. These drugs enabled many patients to function in society and work towards recovery, reducing the need for prolonged hospitalization. Government support and spending increased in the 1960's. The South Carolina Community Mental Health Services Act (1961) and the Federal Community Health Centers Act (1963) provided more funds for local mental health care.

The South Carolina Department of Mental Health (DMH) was founded in 1964. In 1967, the first mental healthcare complex in the South, the Columbia Area Mental Health Center, was built. The centers and clinics have served over 2,800,000 patients, providing over

38,000,000 clinical contacts.

Today, DMH operates a network of 17 community mental health centers, 42 clinics, three veterans' nursing homes, and one community nursing home. DMH is one of the largest hospital and community-based systems of care in South Carolina. In FY11, DMH outpatient clinics provided 1,175,482 clinical contacts and DMH hospitals and nursing homes provided nearly 530,000 bed days. Last year, DMH treated nearly 100,000 citizens, including approximately 30,000 children and adolescents.

DMH
MISSION:
TO SUPPORT
THE RECOVERY
OF PEOPLE
WITH
MENTAL
ILLNESSES.



Babcock Building Cupola



SANTEE-WATEREE MENTAL HEALTH CENTER

215 North Magnolia Street

Sumter, SC 29151

(803) 775-9364

Counties Served: Sumter, Clarendon, Kershaw, Lee

SANTEE-WATEREE MENTAL HEALTH CENTER

The Santee-Wateree Mental Health Center (SWMHC) is the face of public mental health in the local community. Outpatient mental health services are provided in clinics in its four-county catchment area: a clinic in Camden serves Kershaw County; one in Bishopville serves Lee County; one in Sumter serves Sumter County; and one in Manning serves Clarendon County.

Each clinic offers a full and flexible array of outpatient services, including individual, group, and family therapy, psychiatric services, emergency services, and case management. With the exception of the Sumter Clinic, the clinics provide services for children, families and adults. In Sumter, due to space limitations, Child, Adolescent and

Family services are provided in a separate location.

Unique programs are also available to serve specific populations within the local community. Sumter has the Elder Services program, which provides individualized treatment to persons 65 and older suffering from mental illness, as well as to persons of all ages diagnosed with dementia.

Assertive Community Treatment (ACT) is also provided in Sumter for those diagnosed with serious and persistent mental illness. A multidisciplinary team works together to treat clients whenever and wherever needed, reducing the episodes of hospitalization and increasing clients' quality of life.

The Kershaw clinic director

serves on a Coalition that recently received an Access Health Grant. With the Kershaw Clinic as their base, five school-based counselors provide mental health services in Kershaw schools, funded in part through a Safe Schools/Healthy Students grant. The Kershaw Clinic will soon have a satellite of the Federally Qualified Primary Health Care Provider in Kershaw County, Sandhills Medical Foundation, co-located and operating two days a week out of the Kershaw clinic building.

SWMHC's clinics also work with local community partners, an advisory board, and other mental health professionals throughout the state to fulfill the Center's mission: to help clients recover from mental illness and lead fulfilling lives.

DURING FISCAL
YEAR 2011,
SWMHC
SERVED NEARLY
5,700
RESIDENTS BY
PROVIDING
OVER 51,500
SERVICES/
CONTACTS.



ALL DMH
FACILITIES ARE
LICENSED OR
ACCREDITED;
SWMHC IS
NATIONALLY
ACCREDITED BY
THE COMMISSION
ON
ACCREDITATION
OF
REHABILITATION
FACILITIES
(CARF).

Numbers at a Glance for Fiscal Year 2011

	<i>Santee-Wateree Mental Health Center</i>	<i>DMH Statewide</i>
<i>Adult Outpatients Served</i>	4,685	59,427
<i>Child Outpatients Served</i>	1,007	30,058
<i>Total Outpatients Served</i>	5,692	89,485
<i>Population</i>	223,344	4,625,364
<i>Clinical Contacts Provided</i>	51,573	1,175,482
<i>School-Based Schools</i>	26	388
<i>Children Served by School-Based Programs</i>	267	12,064
<i>Supported Community Living Environments</i>	226	3,395



Sylvia James,
Board Chair



Les Beben,
Board Member



Richard B. Guess,
Executive Director

SYLVIA JAMES AND LES BEBEN, BOARD MEMBERS

Both Board chair Sylvia Christian James and member Leslie A. Beben chose to serve on SWMHC's advisory board because each had been touched by someone suffering from mental illness. Professionals in the health care industry, they know first-hand how mental illness can impact families, schools and even whole communities.

"There are so many things that are of value in being able to contribute as a board member. As one of our psychiatrists said, 'at no fault of their own, they have mental illness,'" James said.

James came to South Carolina in 1971 when her family was stationed at Shaw Air force Base, and is a registered nurse at Tuomey Health Center.

Beben retired to the area from the Air Force in 1991 and works as a physician's assistant. He has a special ability to connect with mentally ill patients.

Both believe that the board's role is to increase the Center's visibility in the community to help those in need before a crisis develops, thus helping clients avoid inpatient hospitalization. "There is so much acute illness and not enough programs," James said. "Our center does a good job with the resources it has."

The closure of inpatient psychiatric beds, changes in Medicaid funding, and a lack of therapists in the area have led to increased waits in emergency rooms for those in crisis—sometimes as long as

three to four days.

"Unfortunately, the clinic is now pretty much the only show in town. So many programs formerly in vogue are no longer available," James said. "The most gaping hole is the lack of inpatient care," Beben added.

With more changes on the horizon for all providers and clients as a result of Health Care Reform, they also see an opportunity to improve care for the mentally ill. For instance, "health homes" will be a major piece of the program, which will include partnering with primary care providers to integrate primary health with behavioral health. "We are all health care providers and we need to treat the patient as a whole," Beben said.

RICHARD B. GUESS, EXECUTIVE DIRECTOR

Richard B. Guess, M.Ed., likes perfecting things. Whether it's organizing a beekeeping association to share knowledge, providing multi-cultural training to celebrate his Native American heritage, or transforming the way services are delivered to mental health clients, he continuously strives for the best. So, when SWMHC needed a new executive director six years ago, he accepted and found tremendous potential at SWMHC.

"We have the talent here locally to do something for ourselves, and the generosity to share it with others. We see ourselves as part of a bigger picture that contributes here

and contributes to others," said Guess. For instance, SWMHC staff developed the first electronic medical record (EMR) in the Agency, which later served as the template for a statewide EMR now implemented in all DMH centers. "We have loyal, innovative staff. I consider them our greatest resource," he said.

Guess got to observe how well the SWMHC system works after being severely injured in a life-threatening accident, which required extensive recuperation. "I was blessed on a deep level that SWMHC patiently waited and continued to function without me. At first, I was a

little worried about that. Business went on (although not necessarily as usual) because the leadership was in place. I decided that that is one of the highest compliments I could get," he said.

Guess always knew he wanted to touch individual lives and chose psychology as his college major, later graduating with a Master of Education degree from the University of South Carolina.

Like many at DMH, he has been personally affected by mental illness. "I married into a family with a secret, one they had never dealt with" he said.

The first time his former

RICHARD B. GUESS, EXECUTIVE DIRECTOR (CONTINUED FROM PAGE 4)

mother-in-law called in the middle of the night telling him to check on his children, it didn't seem alarming. But the calls kept coming. Eventually he came to understand that "the voices were telling her terrible things had happened to the children." While she was able to keep it hidden from the outside world, it was painful for her family. These experiences

have given Guess a strong desire to educate the public about mental illness in an effort to eliminate any associated stigma.

Guess continues to enhance the systems at SWMHC and has many more ideas to better serve clients. Despite a lack of funding, there hasn't been a lack of planning. "We desperately need a new building. My vision is for a beautiful, certi-

fied green building that brings all of Sumter's services under one roof... a one-stop service center."

Guess would also like to expand the successful programs highlighted throughout this profile to all four counties in the SWMHC service area: ACT, Safe Schools/Healthy Students, and telepsychiatry.

"WE HAVE A LOYAL, INNOVATIVE STAFF. I CONSIDER THEM OUR GREATEST RESOURCE."

NICOLE JEFFERSON, LMSW, LEAD COUNSELOR SAFE SCHOOLS/HEALTHY STUDENTS INITIATIVE

Nicole Jefferson, LMSW, always wanted a career caring for others. "Since I was a child, I knew I wanted to be in a helping profession," she said. Jefferson has chosen a special place to demonstrate that commitment. As a licensed master social worker and lead counselor for the Safe Schools/Healthy Students Initiative (SS/HS), she serves children in need.

"You're going from being a clinician to a teacher to a facilitator to a collaborator... you've got to be able to do it all. The role requires you to put on different hats at different times," she said.

SS/HS is a federally-funded program designed to promote safe and healthy environments in which children can learn and develop. The goal is to reduce violent behavior and substance use by providing students access to school-based clinicians.

In 2009, the Kershaw County School System was awarded a \$5.7 million, five-year grant to place clinicians in four middle schools, three high schools, and one alternative school. Clinicians provide services that include prevention/intervention, targeted case management, and individual, family, and group therapy services. They also administer the Global Appraisal of Individual Needs (GAIN) screening tool for assessment and referral outcomes, and host programs at summer camps.

During the 2010-2011 school year, Kershaw's SS/HS clinicians served 163 students, surpassing its target by 23.

No day is the same for Jefferson, and her schedule depends on the needs of children in the district. She might receive referrals, work with a bi-polar child, treat another in crisis, as well as conduct individual therapy on any

given day.

Jefferson works with community partners: The Alpha Center, the Department of Juvenile Justice, the United Way, the Kershaw County Sheriff's Office, First Steps, and more.

"We work as a team... that is the key to school-based services," she said.

The Atlanta, Georgia, native also wants to see the program's funding continue after the grant ends. Funds from the grant are primarily used to cover clinician salaries and decreases each year with the hope that counselors will bill enough to cover their salaries and become self-supporting.

In order to avoid inpatient stays, Jefferson believes it is necessary to hire a child psychiatrist, implement telepsychiatry, and educate the public about the need for mental health services.



Nicole Jefferson,
Lead Counselor, Safe Schools/
Healthy Students Initiative

THE SAFE SCHOOLS/HEALTHY STUDENTS INITIATIVE IS A FEDERALLY-FUNDED PROGRAM DESIGNED TO PROMOTE SAFE AND HEALTHY ENVIRONMENTS IN WHICH CHILDREN CAN LEARN AND DEVELOP.



Victoria Sands,
ACT Program Coordinator

ACT SERVICES
MAY INCLUDE
THERAPY, CRISIS
INTERVENTION,
TRANSPORTATION,
SKILL-BUILDING,
SUPPORTED
EMPLOYMENT AND
SUPPORTED
HOUSING,
DEPENDING ON
CLIENT NEEDS.

VICTORIA SANDS, ACT PROGRAM COORDINATOR

Victoria Sands' first job after graduating from college in 1988 was a trial by fire – serving on SWMHC's crisis team. Before partnering with Sumter county's alcohol and drug commission, the Center had a lot of walk-in clients in the midst of a crisis, usually involving addiction. "It was wild back in those days. We stayed busy, busy, busy," she said. Succeeding that trial, Sands eventually became head of the program.

In 2002 she accepted the position of program coordinator for the first Assertive Community Treatment (ACT) team in Sumter County. ACT is based on a nationwide model aimed at helping clients with serious and persistent mental illness lead inde-

pendent lives within their communities. A team, rather than multiple service providers, cares for those who have not had success with the traditional outpatient model. The goal is to reduce or eliminate debilitating acute episodes that require institutionalization, thereby reducing the economic and societal costs of hospitalization, incarceration, unemployment, and homelessness, and increasing clients' quality of life.

The team provides individualized support to more than 50 clients. Services may include therapy, crisis intervention, transportation, skill-building, supported employment, and supported housing, depending on client needs. "We all know each client well enough that if

a case manager isn't there, we can step right in," said Sands.

Clinicians, a registered nurse, a peer support specialist, and professionals trained in areas of Psychiatry, Social Work, Substance Abuse and Vocational Rehabilitation work together with each client.

Sands would like to serve clients outside of Sumter County, but the largely rural geographical area poses transportation challenges. The biggest need, though, according to Sands, is for more housing options that are in a home-like setting with adequate support staffing. Currently, SWMHC has over 200 such placements, yet she estimates 500-700 are still needed.

MICHELLE REEDER, KERSHAW COUNTY CLINIC DIRECTOR

Michele Reeder, LMSW, came to South Carolina when she was 18. After studying Anthropology so she could work with gorillas (and decided to pass on this after learning she would have to spend six months in Africa), and then studying pre-med, Reeder found her way to counseling. "And that was it!" she said. "I enjoy the interaction. I enjoy the moment the person 'gets it'."

Now in her 11th year as the clinic director for Kershaw County Mental Health, Reeder manages a busy clinic with approximately 760 open cases. Most case managers have a case load of 100 to 130 clients. The clinical staff includes a physician, nurse

practitioner, and two peer support specialists.

The main goal at Kershaw is to provide comprehensive services throughout clients' recovery process. These services include case management, skills groups, group therapy, individual therapy, and referrals.

Kershaw County is mostly rural, and many clients lack health insurance coverage to pay for the services needed to attain and sustain recovery. With limited resources for these clients, Reeder's vision is to achieve balance. "Our population of seriously, chronically, mentally ill typically don't have insurance. To balance out that problem we try to get grants and other

sources of funding to serve our clients," she said.

Reeder also collaborates with local providers in the county. The clinic shares in the Access Health Grant with the county hospital, and they've built a case management program to which all agencies can refer. She also works with the Safe Schools/Healthy Students grant, Vocational Rehabilitation, and shares cases with the Alpha Center.

Most days, Reeder is triaging, managing five or six crises that unexpectedly come in for help. And while the work is fast-paced, Reeder and her staff never forget that helping the clients is the most important part of the job.



Michelle Reeder,
Kershaw County Clinic Director

LYNN MELTON, ELDER SERVICES PROGRAM COORDINATOR

Since interning with DMH in 1985, Lynn Melton, MSW, has devoted the majority of her career to Geriatrics in both the private and public sectors. “I was gifted with a very deep and very loud voice – my presence is generally known -- which makes it easy for the clients to hear me,” she laughed.

In 2006, Melton became the Elder Service program coordinator for the Sumter Adult Clinic. The program provides individualized treatment to persons 65 and older suffering from mental illness, as well as to persons of all ages diagnosed with dementia. It currently

serves approximately 200 patients.

“Age alone does not cause problems. However, as we age, the risk that certain problems may occur increases. Those problems can be changes in health and physical abilities, losses of family and friends, and changes in job and social roles. Poor physical health increases the risk of mental health problems. The skills of our staff and the coordination with primary care physicians enable us to provide the best quality care possible,” Melton said.

Although the program receives partial funding from the Lieutenant Governor’s Office on Aging, budget cuts have made it necessary to reduce elder services available to patients in Sumter and have prevented SWMHC from expanding it to all four counties. Home visits to fully assess this vulnerable population are also needed.

One thing the budget does not reduce is the level of care and attention Melton and her team provide to their patients. “People who walk into our office know we care from the get-go. We care and we accept them.”



Lynn Melton,
Elder Services
Program Coordinator

CATHERINE F. HARRIS, LEE COUNTY PROBATE JUDGE

As an advocate for the mentally ill, Lee County Probate Judge Catherine Harris believes more people need to be educated about mental illness and recovery. “People just don’t understand, unless they have had a loved one stricken with it. It usually robs young people of the most precious years of their lives. It will rob their careers, their hopes, their dreams,” she said.

Judge Harris’ brother Wendall was one of those robbed of a promising life by mental illness. “On a scale of one to ten, Wendall was a perfect ten,” Judge Harris said. “He was tall, dark and handsome, gifted and talented. He pitched Major League baseball, had a fiancée, and was planning to finish college.” Everything was going well in her 20-year-old brother’s life. But a hidden trigger was

pulled when his former fiancée married his friend and Wendall attempted suicide.

Judge Harris and her family were devastated. They never suspected Wendall had an illness that was there all along. And more stressors, such as a demanding boss, exacerbated his underlying illness. Voices continuously told him to kill his family and himself. In the 1980s Wendall was diagnosed with schizophrenia and eventually had to be institutionalized in the South Carolina State Hospital.

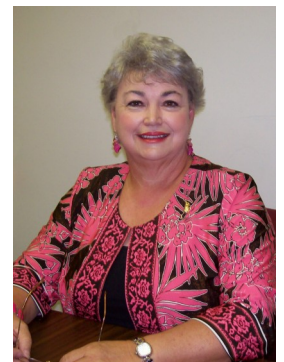
Wendall’s illness prompted Judge Harris to begin a new career. In 1993, she became a Probate Judge for Lee County in Bishopville.

When the small county hospital closed, it made SWMHC more important than ever. “Many times, when those

with mental illness are in crisis, a mental health counselor can recognize the crisis and work to avoid an inpatient stay. That is the goal,” Judge Harris said.

Judge Harris usually presides over 15 to 20 commitment hearings a week in her 12-county district. She sees many “revolving door clients” who don’t take their medicine because of the side effects or because they don’t believe they need them. “I tell them it’s no different than my diabetes. If I don’t take my medicine, I get deathly sick. You will too. It’s something that you’ve just got to make your mind up that you have to do.”

Judge Harris believes more funding is a necessity to help the chronically mentally ill with everything from medicine to housing.



Catherine F. Harris,
Lee County Probate Judge



TO SUPPORT THE RECOVERY OF
PEOPLE WITH MENTAL ILLNESSES.

SC DEPARTMENT OF MENTAL HEALTH

2414 Bull Street
Columbia, South Carolina 29201

Phone: (803) 898 - 8581

WWW.SCDMH.ORG

SANTEE-WATEREE MENTAL HEALTH CENTER

215 North Magnolia Street—Sumter, SC 29151
(803) 775-9364

Satellite Clinics:

Clarendon County Clinic
215 Commerce Street—Manning, SC 29102
(803) 435-2124

Kershaw County Clinic
2611 Liberty Hill Road—Camden, SC 29020
(803) 432-5323

Lee County Clinic
817 Brown Street—Bishopville, SC 29010
(803) 484-9414

RECOVERY SPOTLIGHT – JOHN M.

For years my emotions were out of control and I struggled with anger, depression, and paranoia. I began experimenting with alcohol, marijuana and other drugs while I was a teenager. The only thing I had going for me was a Christian upbringing from parents who cared and sent me to good schools. I was a rebel and continued to use alcohol and other drugs but would not take the medication prescribed by a psychiatrist. I was in denial that I had a mental illness or a problem with substances. Going to jail or psychiatric institutions was the norm. I had a psychotic episode and ended up being institutionalized for five years.

It was during this time period that I surrendered my life to Christ and was born again. I also began to accept help and spent years working through 12 step recovery principles. I began to read God's Word and commit crucial parts of it to memory to renew my mind. I began to serve in various ministries and began to reach out to help and encourage others.

I transitioned from residential care to living in a less restricted setting and eventually began to live independently again. I worked in a retail shoe store for a while before becoming employed by the Department of Mental Health. There I was trained to provide clinical services to

clients of the Mental Health system. I also joined support organizations to advocate for the mentally ill. I now volunteer in the community to help others with their recovery.

Serving God and my fellow man has given my life meaning and purpose. As of this writing, I have been clean and sober for over fifteen years. The medication I take has few side effects and allows me to be relatively free from the symptoms of my illness. I have been working at the same job for six years and I love my work. I am honored to be part of a team of professionals who help

care for our people. I no longer live in fear and God has given me the courage to press on and be a leader. May God help us to show compassion.



John M.